

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 1 of 19

1. POLICY DESCRIPTION:

Vitamin D is a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. An excess of vitamin D may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders. This policy identifies the indications and limitations of coverage and reimbursement for these services.

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D2 and vitamin D3. It is really a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol, which then acts throughout the body. In the skin, 7-dehydrocholesterol is converted to vitamin D3 in response to sunlight, a process that is inhibited by sunscreen with a skin protection factor (SPF) of 8 or greater. Once in the blood, vitamin D2 and D3 from diet or skin bind with vitamin D binding protein and are carried to the liver where they are hydroxylated to yield calcidiol. Calcidiol then is converted in the kidney to calcitriol by the action of 1 α -hydroxylase (CYP27B1). The CYP27B1 in the kidney is regulated by nearly every hormone involved in calcium homeostasis, and its activity is stimulated by PTH, estrogen, calcitonin, prolactin, growth hormone, low calcium levels, and low phosphorus levels. Its activity is inhibited by calcitriol, thus providing the feedback loop that regulates calcitriol synthesis.

An excess of vitamin D is unusual, but may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders, the most infamous of which is rickets. Evaluating patients' vitamin D levels is accomplished by measuring the level of 25-hydroxyvitamin D. Measurement of other metabolites is generally not medically necessary.

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

4. POLICY:

Measurement of 25-OH Vitamin D (82306) level is indicated for patients with:

- chronic kidney disease stage III or greater
- cirrhosis
- hypocalcemia
- hypercalcemia

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 2 of 19

- hypercalciuria
- hypervitaminosis D
- parathyroid disorders
- malabsorption states
- obstructive jaundice
- osteomalacia
- osteoporosis if:
 - T score on DEXA scan <-2.5 or
 - History of fragility fractures or
 - FRAX> 3% 10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture or
 - FRAX> 3% (any fracture) with T-score <-1.5 or
 - Initiating bisphosphonate therapy (Vitamin D level and serum calcium levels should be determined and managed as necessary before bisphosphonate is initiated.)
- osteosclerosis/petrosis
- rickets
- vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment.

Measurement of 1, 25-OH Vitamin D (82652) level is indicated for patients with:

- unexplained hypercalcemia (suspected granulomatous disease or lymphoma)
- unexplained hypercalciuria (suspected granulomatous disease or lymphoma)
- suspected genetic childhood rickets
- suspected tumor-induced osteomalacia
- nephrolithiasis or hypercalciuria

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this Medical Policy. (See "Limitations/Exclusions.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

5. LIMITATIONS/ EXCLUSIONS:

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 3 of 19

Vitamin D testing may not be used for routine or other screening. Screening for vitamin D deficiency is not considered medically necessary for members who are not at risk for deficiency.

Both assays of vitamin D need not be performed for each of the above conditions in Section 4.

Once a member has been shown to be vitamin D deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.

Screening for Vitamin D deficiency for nonskeletal diseases (e.g., asthma, autoimmune disease, cardiovascular disease, diabetes, fibromyalgia, hypothyroidism, multiple sclerosis, psoriasis, cancer prevention, etc.) is not considered medically necessary due to insufficient evidence of therapeutic value.

Routine measurement of 1,25-dihydroxyvitamin D is not considered medically necessary unless the member has hypercalcemia or decreased kidney function.

If Vitamin D level is between 20 and 50 ng/ml and patient is clinically stable, repeat testing is often unnecessary; if performed, documentation must clearly indicate the necessity of the test.

If level <20 ng/ml or > 60 ng/ml are noted, a subsequent level(s) may be reimbursed until the level is within the normal range.

Additional Vitamin D deficiency testing to monitor the efficacy of replacement therapy is considered medically necessary only to ensure that adequate replacement has been accomplished. While > 1 repeat test is rarely necessary, additional frequency may be justified when any of the following are applicable:

- Supplementation has not been successful in restoring levels
- Continued or recurrent signs and symptoms may indicate ongoing deficiency
- Inadequate absorption or noncompliance with replacement therapy is suspected

The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 4 of 19

6. APPLICABLE PROCEDURE CODES:

Vitamin D; 25 hydroxy (82306) covered 3-times per calendar year and only with the applicable diagnosis codes in table 7a and the following place of service (POS): 11, 12, 20, 22, 81.

Vitamin D; 1, 25 dihydroxy (82652) covered 2-times per calendar year and only with with the applicable diagnosis codes in table 7b and the following place of service (POS): 11, 12, 20, 22, 81.

CPT	Description
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED

7. APPLICABLE DIAGNOSIS CODES:

- a. The following ICD-10-CM codes support the medical necessity of CPT code 82306.

CODE	DESCRIPTION
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 5 of 19

A18.09	Other musculoskeletal tuberculosis
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
B38.0	Acute pulmonary coccidioidomycosis
B38.1	Chronic pulmonary coccidioidomycosis
B38.3	Cutaneous coccidioidomycosis
B38.4	Coccidioidomycosis meningitis

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 6 of 19

B38.7	Disseminated coccidioidomycosis
B38.81	Prostatic coccidioidomycosis
B38.89	Other forms of coccidioidomycosis
B39.0	Acute pulmonary histoplasmosis capsulati
B39.1	Chronic pulmonary histoplasmosis capsulati
B39.3	Disseminated histoplasmosis capsulati
B39.5	Histoplasmosis duboisii
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 7 of 19

C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 8 of 19

C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 9 of 19

E82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
E20.0	Idiopathic hypoparathyroidism
E20.8	Other hypoparathyroidism
E20.9	Hypoparathyroidism, unspecified
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E55.0	Rickets, active
E55.9*	Vitamin D deficiency, unspecified
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.8	Other obesity
E67.3	Hypervitaminosis D
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 10 of 19

E83.30	Disorder of phosphorus metabolism, unspecified
E83.31	Familial hypophosphatemia
E83.32	Hereditary vitamin D-dependent rickets (type 1) (type 2)
E83.39	Other disorders of phosphorus metabolism
E83.50*	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
E89.2	Postprocedural hypoparathyroidism
E89.820	Postprocedural hematoma of an endocrine system organ or structure following an endocrine system procedure
E89.821	Postprocedural hematoma of an endocrine system organ or structure following other procedure
E89.822	Postprocedural seroma of an endocrine system organ or structure following an endocrine system procedure
E89.823	Postprocedural seroma of an endocrine system organ or structure following other procedure
J63.2	Berylliosis
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 11 of 19

K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K52.0	Gastroenteritis and colitis due to radiation
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K76.9	Liver disease, unspecified
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
K85.00	Idiopathic acute pancreatitis without necrosis or infection
K85.01	Idiopathic acute pancreatitis with uninfected necrosis
K85.02	Idiopathic acute pancreatitis with infected necrosis
K85.10	Biliary acute pancreatitis without necrosis or infection
K85.11	Biliary acute pancreatitis with uninfected necrosis

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 12 of 19

K85.12	Biliary acute pancreatitis with infected necrosis
K85.20	Alcohol induced acute pancreatitis without necrosis or infection
K85.21	Alcohol induced acute pancreatitis with uninfected necrosis
K85.22	Alcohol induced acute pancreatitis with infected necrosis
K85.30	Drug induced acute pancreatitis without necrosis or infection
K85.31	Drug induced acute pancreatitis with uninfected necrosis
K85.32	Drug induced acute pancreatitis with infected necrosis
K85.80	Other acute pancreatitis without necrosis or infection
K85.81	Other acute pancreatitis with uninfected necrosis
K85.82	Other acute pancreatitis with infected necrosis
K85.90	Acute pancreatitis without necrosis or infection, unspecified
K85.91	Acute pancreatitis with uninfected necrosis, unspecified
K85.92	Acute pancreatitis with infected necrosis, unspecified
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 13 of 19

L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
M80.00XA - M80.88XS	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Other osteoporosis with current pathological fracture, vertebra(e), sequela
M80.8AXA	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.8AXD	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.8AXG	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.8AXK	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.8AXP	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.8AXS	Other osteoporosis with current pathological fracture, other site, sequela
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition
M83.4	Aluminum bone disease
M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9	Adult osteomalacia, unspecified
M85.80*	Other specified disorders of bone density and structure, unspecified site
M85.831*	Other specified disorders of bone density and structure, right forearm
M85.832*	Other specified disorders of bone density and structure, left forearm

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 14 of 19

M85.839*	Other specified disorders of bone density and structure, unspecified forearm
M85.851*	Other specified disorders of bone density and structure, right thigh
M85.852*	Other specified disorders of bone density and structure, left thigh
M85.859*	Other specified disorders of bone density and structure, unspecified thigh
M85.88*	Other specified disorders of bone density and structure, other site
M85.89*	Other specified disorders of bone density and structure, multiple sites
M85.9*	Disorder of bone density and structure, unspecified
M89.9*	Disorder of bone, unspecified
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N18.6	End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin
Q78.2	Osteopetrosis
Z68.30	Body mass index [BMI]30.0-30.9, adult
Z68.31	Body mass index [BMI] 31.0-31.9, adult
Z68.32	Body mass index [BMI] 32.0-32.9, adult
Z68.33	Body mass index [BMI] 33.0-33.9, adult
Z68.34	Body mass index [BMI] 34.0-34.9, adult
Z68.35	Body mass index [BMI] 35.0-35.9, adult
Z68.36	Body mass index [BMI] 36.0-36.9, adult
Z68.37	Body mass index [BMI] 37.0-37.9, adult
Z68.38	Body mass index [BMI] 38.0-38.9, adult
Z68.39	Body mass index [BMI] 39.0-39.9, adult
Z68.41	Body mass index [BMI]40.0-44.9, adult
Z68.42	Body mass index [BMI] 45.0-49.9, adult
Z68.43	Body mass index [BMI] 50.0-59.9, adult
Z68.44	Body mass index [BMI] 60.0-69.9, adult
Z68.45	Body mass index [BMI] 70 or greater, adult
Z79.3	Long term (current) use of hormonal contraceptives
Z79.4	Long term (current) use of insulin

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 15 of 19

Z79.51	Long term (current) use of inhaled steroids
Z79.52	Long term (current) use of systemic steroids
Z79.810	Long term (current) use of selective estrogen receptor modulators (SERMs)
Z79.811	Long term (current) use of aromatase inhibitors
Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels
Z79.82	Long term (current) use of aspirin
Z79.83	Long term (current) use of bisphosphonates
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.890	Hormone replacement therapy
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy

Explanation for (*) for codes withing table 7a

- E55.9* If more than one LCD-listed condition contributes to vitamin D deficiency in a given patient and/or is improved by vitamin D administration, coders should use: ICD-10 E55.9 UNSPECIFIED VITAMIN D DEFICIENCY. This code should not be used for any other indication.
- E83.50* Use only for HYPERCALCIURIA
- *Osteopenia should be reported using ICD-10-CM codes M85.80, M85.831-M85.839, M85.851-M85.859, M85.88, M85.89, M85.9 or M89.9

b. The following ICD-10-CM codes support the medical necessity of CPT code 82652

CODE	DESCRIPTION
E55.0	Rickets, active
E55.9	Vitamin D deficiency, unspecified
E83.50*	Unspecified disorder of calcium metabolism
E83.52*	Hypercalcemia
M83.0	Puerperal osteomalacia
M83.1	Senile osteomalacia
M83.2	Adult osteomalacia due to malabsorption
M83.3	Adult osteomalacia due to malnutrition
M83.4	Aluminum bone disease

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 16 of 19

M83.5	Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M83.9*	Adult osteomalacia, unspecified
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N20.2	Calculus of kidney with calculus of ureter
N20.9	Urinary calculus, unspecified
N22	Calculus of urinary tract in diseases classified elsewhere

Explanation for (*) for codes withing table 7b

- M83.9* Use only for tumor-induced osteomalacia
- E83.50* Use only for unexplained hypercalciuria
- E83.52* Use only for unexplained hypercalcemia

8. REFERENCES:

CMS Local Coverage Determination (LCD): Vitamin D Assay Testing (L37535)
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37535&ver=16&Date=&DocID=L37535&bc=hAAAAAgAAAA&>

CMS Local Coverage Determination (LCD) Billing And Coding: Vitamin D Assay Testing (A57736)
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57736&ver=10>

CMS Local Coverage Determination (LCD): Assays for Vitamins and Metabolic Function (L34914)

Adams J, Kantorovich V, Wu C, Javanbakt M, Hollis B. Resolution of vitamin D insufficiency in osteopenic patients results in rapid recovery of bone mineral density. The Journal of Clinical Endocrinology and Metabolism. 1999;84(8):2729-2730.

Autier P, Gandini S. Vitamin D supplementation and total mortality. Arch Intern Med. 2007;167(16):1730-1737.

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 17 of 19

Bischoff-Ferrari HA, Dawson-Hughs B, Willett W, et al. Effect of vitamin D on falls a meta-analysis. JAMA. 2004;291(16):1999-2006. www.jama.com.

Bischoff-Ferrari HA, Dietrich T, Orav EJ, Dawson-Hughes B. Positive association between 25-Hydroxy vitamin D levels and bone mineral density: a population-based study of younger and older adults. The American Journal of Medicine. 2004;116:634-639.

Bischoff-Ferrari HA, Willett W, Wong J, Giovannucci E, Dietrich T, Dawson-Hughes B. Fracture prevention with vitamin D supplementation, a meta-analysis of randomized controlled trials. JAMA. 2005;293(18):2257-2264. www.jama.com.

Bischoff-Ferrari HA, Dawson-Hughes B, Staehelin HM, et al. Fall prevention with supplemental and active forms of vitamin D: a meta-analysis of randomized controlled trials. BMJ. 2009;339:b3692.

Bodnar LM, Simhan HN, Powers RW, Frank MP, Cooperstein E, Roberts JM. High prevalence of vitamin D insufficiency in black and white pregnant women residing in the northern United States and their neonates. J Nutr. 2007;137:447-452. <http://jn.nutrition.org>.

Brenner: Brenner and Rector's The Kidney, 8th ed. Saunders, An imprint of Elsevier. Copyright © 2007.

Brophy Marcus M. Vitamin D tests soar as deficiency, diseases linked. USATODAY.com.

Cannell JJ. Autism and Vitamin D. Med Hypotheses. 2008;70(4):750-759. <http://www.ncbi.nlm.nih.gov/pubmed/17920208>

Cannell JJ, Hollis BW, Zasloff M, Heaney RP. Diagnosis and treatment of vitamin D deficiency. Expert Opin Pharmacother. 2008;9:1-12.

Chapuy M, Arlot M, Duboeuf F, et al. vitamin D3 and calcium to prevent hip fractures in elderly women. The New England Journal of Medicine. 1992;327(23):1637-1641.

Chronic Kidney Disease 2006: A Guide to Select NKF-KDOQI Guidelines and Recommendations. Chung M, Balk EM, Brendel M, et al. Vitamin D and calcium: a systematic review of health outcomes. Evid Rep Technol Assess. 2009;183:1-420.

Clinical practice guidelines for bone metabolism and disease in chronic kidney disease. American Journal of Kidney Diseases. October 2004.



Policy and Procedure

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 18 of 19

REVISION LOG:

REVISIONS	DATE
Creation date	6/8/20
Revised applicable LOBs	1/21/21
Revised coding	3/5/21
Annual Review	2/28/22

Approved:

Date:

Approved:

Date:

Glendon Henry, MD
Senior Medical Director

Sanjiv Shah, MD
Chief Medical Officer



Policy and Procedure

Title: Vitamin D Assay Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/20	LOB: Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/20	Policy Number: UM-MP253
Review Date: 2/28/22	Cross Reference Number:
Retired Date:	Page 19 of 19

Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.